May 12, 2010

Medi-Cal Program Guide	Food Stamp Program Guide
Special Notice	**Special Notice**
10-10	**10-11**

Subject   ELECTRONIC MEDI-CAL AND FOOD STAMP APPLICATIONS – PHASE I

Effective Date   April 5, 2010

Purpose   The purpose of this Special Notice is to:
- Inform Family Resource Centers (FRCs) about the One-e-App system and use of electronic signatures.
- Provide instructions for processing Medi-Cal and Food Stamp applications submitted electronically via One-e-App.

Background   The Alliance Healthcare Foundation has funded a project to provide on-line application assistance to local community based organizations (CBOs). This new on-line technology will allow community partners to collect information and electronically submit Medi-Cal and Food Stamp applications to the County. Use of this on-line technology is expected to increase participation, reduce lobby traffic and wait times in Family Resource Centers, and allow the County to complete the eligibility process more efficiently.
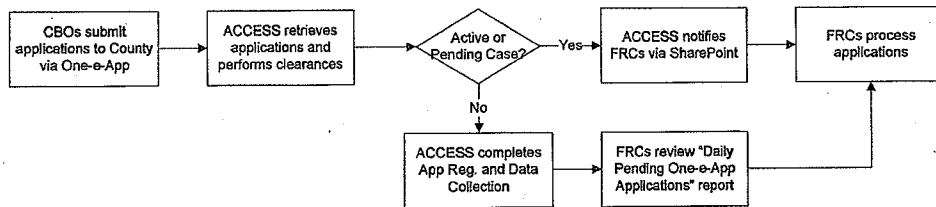
**Overview of   One-e-App is a web-based application system designed to streamline
One-e-App**   the enrollment process by allowing agencies and CBOs to assist clients with completing Food Stamp and Medi-Cal applications and transmitting them electronically to the County for processing.

With the applicant's consent, One-e-App collects the applicant's information, such as household composition, income, and resources and identifies assistance programs which the applicant may qualify for. One-e-App then transmits the information electronically to the agency responsible for determining eligibility.

One-e-App also has the ability to transfer the applicant's information into CalWIN. This transfer feature will be available when an interface is established between One-e-App and CalWIN. Further instructions will be provided once interface is established.

Electronic Application Process Overview

The flow chart below highlights actions to be taken by CBOs, ACCESS and FRCs.

Electronic Signatures

An electronic signature is considered a signature if the signatory:
- Understands that an electronic signature is being used;
- Consents to the use of an electronic signature; and
- Intends to have the signature serve with the same force and effect as a written signature.

Applications that are submitted via One-e-App will include one of the following electronic signatures:

Type	Description
Telephonic signature	A recorded audio file of the applicant acknowledging his/her understanding of the use of an electronic signature and attesting to the information that he/she has provided on the application.
Scanned signature	A scanned image of the application form with the applicant's signature.
Digital signature	An applicant's signature that is captured through the use of a signature tablet.

How e-Signatures Appear on Applications

The following table indicates how the signature will appear on required Medi-Cal and Food Stamp application forms.

For application using ...	Required Forms	Signature Shown on Form?
Telephonic	DFA-285-A1/A2/A3	No

signature	MC 210 SAWS 1/2/2A	
Scanned signature	DFA-285-A1/A2/A3 MC 210 SAWS 1/2/2A	Yes
Digital signature (through use of signature tablet)	DFA-285-A1/A2/A3 MC 210 SAWS 1/2/2A	Yes

Participating Agencies and CBOs

At present, the following agencies and CBOs may use One-e-App to assist applicants in completing the Medi-Cal and/or Food Stamp applications and transmitting them to the County for processing. Eventually, it is anticipated that there will be fifteen CBOs who will be submitting electronic applications to the County via One-e-App.

- 2-1-1 San Diego
- North County Lifeline
- South Bay Community Services
- Family Health Centers of San Diego
- *La Maestra* Family Health Centers
- San Diego Hunger Coalition
- International Rescue Committee
- Neighborhood Healthcare

Role of Participating Agencies and CBOs

Participating agencies and CBOs will electronically transmit Medi-Cal and/or Food Stamp applications to the County using the following process:

Step	Action
1	Record applicant's information on One-e-App.
2	Obtain required signature(s). Signatures may be captured telephonically, on an electronic signature tablet, or on the actual Medi-Cal/Food Stamp forms, which are then imaged into One-e-App.
3	Submit the electronic applications and any verifications provided by the applicant to the County via One-e-App.

Role of ACCESS Office Assistant (OA)

Until One-e-App interfaces with CalWIN, a designated ACCESS Office Assistance (OA) will use the following procedures to retrieve electronic Medi-Cal and/or Food Stamp applications from One-e-App and perform Application Registration in CalWIN.

Step	Action
1	Log in daily into One-e-App.

2	View County workload by selecting "Potential CalWIN Applications." FSES applications will be highlighted in orange. Be sure to start with any FSES applications.
3	• Retrieve and print applications/Statement of Facts (SOF) and verifications attached to the application from One-e-App. • Date stamp the printed application/SOF. **If the application is...** / **Then print ...** Food Stamp only / DFA-285-A1/A2/A3 Medi-Cal only / MC 210 Food Stamp and Medi-Cal combo / SAWS 1/2/2A
4	Review application for required signature(s). For telephonic signature, listen to audio file. **If the signature is...** / **Then...** Attached to all required application forms / Proceed to Step 5. Not attached to application / • Contact the agency that submitted the application and request that the signature be attached to the application. • Proceed to Step 5 once the signature is received.
5	Clear CalWIN to determine if the applicant has any active or pending case. **If the applicant...** / **Then the ACCESS OA will...** Has any active or pending case, excluding Foster Care and AAP / • Image the application/SOF and verifications into CalWIN. • Add a case comment in CalWIN to include the 17-digit One-e-App application ID and to indicate the type of signature attached to the application. • If applicant has an existing active case, send a SharePoint to the FRC "Change: One-e-App" task group. • If applicant has an existing pending case, send a SharePoint to the FRC "Pending: One-e-App" task group. • Transfer the application to the "ACCESS Active-Pending Apps" workload in One-e-App.

		• No further action is needed
	Does not have an active or pending case	• Assign the application to ACCESS HSS One-e-App workload. • Proceed to Step 6.
6	Perform Application Registration (AppReg) in CalWIN.	
7	Select the existing case number in CalWIN or generate a new case number if one is not available.	
8	Assign case to the designated FRC E-App Pending caseload in CalWIN, based on zip code.	
9	Add case comment in CalWIN by 1) including the 17-digit One-e-App application ID and 2) indicating the type of signature attached to the application.	
10	Forward printed copies of applications and verification to the assigned ACCESS Human Services Specialists (HSS).	

Role of ACCESS HSS

Until One-e-App interfaces with CalWIN, a designated ACCESS HSS will use the following procedures to complete the Data Collection process in CalWIN.

Step	Action
1	Log in daily to One-e-App.
2	Access assigned applications by selecting "Program Submission Workload." Be sure to start with Food Stamp Expedited Services (FSES) applications.
3	Review application for required signature(s). For telephonic signature, listen to audio file.
4	Perform Data Collection in CalWIN.
5	Add case comments in CalWIN. For telephonic signature, be sure to indicate how signature was validated (e.g. "applicant's signature verified by listening to audio file").
6	Transfer the application to the "ACCESS New Apps" workload in One-e-App.
7	Prep and submit case for imaging.

Role of FRC

FRCs are primarily responsible for processing applications received via One-e-App and determining eligibility timely. Required actions include, but are not limited to:

- Identifying incoming applications that require processing by retrieving and reviewing the daily report titled *Daily Pending One-e-App Applications.*
- Identifying and processing Medi-Cal Immediate Need and FSES applications timely.
- Identifying and processing Retroactive Medi-Cal requests.
- Sending the forms and information that are identified on

Attachment A to the applicant.
- Scheduling and conducting a food stamp phone interview when the applicant has provided a telephone number.
- Scheduling and conducting a food stamp face-to-face interview when the applicant has not provided a telephone number.
- Generating the verification checklists when additional information/verifications is/are needed and allowing the applicant the appropriate timeframe to provide the requested items.
- Determining eligibility timely and issuing appropriate NOAs.
- Resolving SharePoints that are generated and assigned to the "Pending: One-e-App" and "Change: One-e-App" task-group.

Establishing the Date of Application

The date of application for Medi-Cal and food stamp benefits shall be established using the following guidelines:

If the application is submitted ...	Then the date of application will be...
By 5:00 PM on a business day	The date that the application is submitted electronically to the County. *Example:* *Application was submitted on 4/19/10 at 4:30 PM. Date of application will be 4/19/10.*
After 5:00 PM on a business day On a non-business day	The next business day from the date that the application was submitted electronically to the County. *Example 1:* *Application was submitted on Monday 4/19/10 at 5:30 PM. Date of application will be Tuesday 4/20/10.* *Example 2:* *Application was submitted on Saturday 4/24/10 at 9:30 AM. Date of application will be Monday 4/26/10. If Monday should be a holiday, then date of application will be Tuesday 4/27/10.*

NOTE: An application is considered filed for Food Stamp if the application includes at a minimum the applicant's name and address and the applicant's or Authorized Representative's signature.

Determining Medi-Cal

Electronic Medi-Cal applications received via One-e-App shall be processed in the same manner as mail-in applications, with the

Eligibility   following exception:

- Date of application will be established based on the above guidelines.

Additionally, regardless of the type of signature used for the Medi-Cal application/SOF, the applicant's signature must appear on the following forms when needed based on the applicant's circumstances.

Form #	Title
MC 13	Statement of Citizenship, Alienage, and Immigration Status
MC 210A	Supplemental to Statement of Facts
MC 220	Authorization for Release of Information (part of DDSD packet)
MC 223	Supplemental Statement of Facts (part of DDSD packet)

Processing Retroactive Medi-Cal

Workers will need to review the electronic Medi-Cal applications and determine if the applicant is requesting for retroactive Medi-Cal. When retroactive Medi-Cal is requested, the worker will mail the MC 210A, if one has not been completed by the applicant for the retroactive month(s). Requests for retroactive Medi-Cal shall continue to be processed as specified in MPG 4-2-10.

Medi-Cal Processing Timeframe

Regular established application processing timeframes shall apply. General applications shall be processed within 45 days of the application date. Applications based on disability (a DDSD evaluation is required) shall be processed within 90 days of the application date.

Determining Eligibility to FSES

The worker will review the application provided via One-e-App, evaluate for FSES and schedule a telephone or face-to-face interview accordingly.

If the household is eligible to FSES, Food Stamp benefits must be available to the household no later than the third day following the date the application was filed.

- A telephone interview can be completed for FSES eligible applicants who have an active EBT card.

- For applicants who do not have an active EBT card, a face-to-face interview should be scheduled in order to pick up an EBT card and meet FSES processing timelines.

- To evaluate FSES, consider the actual gross income received or

expected to be received by the household in the month of application; **do not average income when determining eligibility to FSES (FSPG Special Notice 09-07).**

Food Stamp Program Reminders

Workers are reminded to:

- Identify any other forms/verifications needed to determine eligibility and offer assistance to the household in obtaining missing verifications;

- Inform households of their rights and responsibilities, explain QR 7 processes and timelines during the telephone or face-to-face interview;

- Ensure the applicant has signed the application (DFA-285-A1 or SAWS 1), the Statement of Facts (DFA-285-A2 or SAWS 2) and the rights and responsibilities form (DFA-285-A3 or SAWS 2A), or a telephonic signature has been filed.

- Mail the Notice of Missed Interview (NOMI) when a household misses the telephone or face-to-face interview;

- Document in Case Comments that the household has been offered assistance in obtaining the verifications and has been informed of:

  - Their rights and responsibilities.
  - The QR 7 process and timelines.

- Statewide Fingerprint Imaging System (SFIS) requirements are waived when the client does not attend a face-to-face interview. Staff should attempt to obtain the fingerprint and photo images when the household member(s) who must comply with SFIS requirements is/are in the office for any reason, but the household member(s) will not be required to make a special trip into the office solely for the purpose of complying with SFIS requirements.

  In cases where SFIS was waived at the initial application and has not been completed by the time the recertification is due, the household member(s) subject to SFIS will be scheduled to attend a face-to-face recertification interview where SFIS will be completed.

- Review IEVS/PVS and the New Hire Registry Reports timely.

- Make a fraud referral when information provided conflicts with

other available information and the worker has attempted and is unable to resolve the inconsistencies.

Confidentiality Guidelines

All requests for information received from CBOs shall be processed in accordance with existing confidentiality guidelines. Although the representatives of the CBOs are assisting the applicant with submitting an application for Medi-Cal and/or Food Stamp, he/she is not entitled to receive confidential case information. An authorization for release of information or a signed appointment of authorized representative must be obtained prior to releasing the requested information.

Automation Impact

Follow existing business process when performing App-Reg with the following exceptions:

- Date of Application – Date the application was submitted electronically to the County via One-e-App. This date is shown on the "Date Received" field of the Potential CalWIN Workload window.
- Source of Application – Select the agency or CBO that submitted the application. This information may be found on the Application Summary or Potential CalWIN Workload window.

If the application is coming from...	Then select ...
2-1-1 San Diego	e-App/211
North County Lifeline	e-App/North Cnty Lifeline
South Bay Community Services	e-App/So. Bay Cmmty Svcs
Family Health Centers of San Diego	e-App/Fam Health Cntrs SD
La Maestra Family Health Centers	e-App/La Maestra Fam Hlth
San Diego Hunger Coalition	e-App/SD Hunger Coalition
International Rescue Committee	e-App/Intl Rescue Cmmttee
Neighborhood Healthcare	e-App/Neighborhood Hlthcr

Additionally, the ability to save a copy of the telephonic signature audio file in DoReS is currently under development with Northrop Grumman (NG). In the interim, the telephonic signature audio file will continue to reside in and may be accessed via One-e-App.

Lastly, FRCs may request access to One-e-App by submitting a completed 05-7 form to System Security.

Forms Impact   None.

Imaging   For electronic applications received via One-e-App, the following forms

Impact

shall be imaged in DoRes using template 16-141.

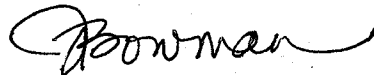| Form	Description
DFA-285-A1, A2, and A3	Food Stamp application forms
MC 210	Medi-Cal application/SOF.
One-e-App screen prints • MC 210 Declarations • Food Stamp Rights and Declarations	• Screen prints of the signature page of the Rights and/or Declarations associated with the One-e-App Application. • Contains One-e-App Application ID, Name of the applicant and the applicant's signature (when signature tablet is used).
SAWS 1/2/2A	Application forms for applicants applying for both Medi-Cal and food stamp.

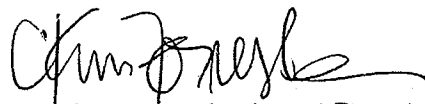Additional imaging guidelines are detailed in the Imaging EEOG.

Operational Impact

Currently the only impact is to ACCESS staff on loan from various FRCs. Future implementation to all full service sites will be addressed at a later date.

Quality Assurance Impact

Beginning with May 2010 sample month, Quality Assurance will cite the appropriate error when the requirements of this SN have not been followed.

Manager Approval

Janya Bowman, Assistant Deputy Director
Health Care Policy Administration
Strategic Planning and Operational Support

Kim Forrester, Assistant Deputy Director
Administrative Support
Strategic Planning and Operational Support

Sylvia Melena, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support

KT/OA/MF

Attachment A

For Food Stamp Applicants

FORM NO.	FORM TITLE
Application for Quarterly Reporting (QR) Household	
DFA 285-A1	Application for Food Stamp
DFA 285-A2	Statement of Facts
DFA 285-A3	Rights and Responsibilities
FS 22 & FS 23	Applying for Food Stamp Benefits and How to Report
20-46 HHSA	Language Needs
09-83 HHSA	Good News For California Families Receiving Food Stamps!
16-64 HHSA	Voter Registration Interest/Declination Form
PUB 13	Your Rights Under California Welfare Program
GEN 1365 (Multilingual)	Notice of language Services
QR 7A (Use Shelf Stock not CalWIN)	How to Fill Out Your QR 7 Quarterly Eligibility/Status Report
QR 7 (Use Shelf Stock not CalWIN)	Eligibility/Status Report – Quarterly for Cash Aid and Food Stamps
QR 7 Addendum (Shelf Stock)	Instructions & Penalties Quarterly Eligibility/Status Report"
22-07 HHSA	Employment Screening
20-44 HHSA	Civil Rights Information
TEMP 2173	New Cash Aid & Food Stamps Rules Finger Print
PUB 388	EBT Brochure
Application for Change Reporting (CR) Household	
DFA 285-A1	Application for Food Stamp
DFA 285-A2	Statement of Facts
DFA 285-A3	Rights and Responsibilities
FS 22 & FS 23	Applying for Food Stamp Benefits and How to Report
20-46 HHSA	Language Needs
09-83 HHSA	Good News For California Families Receiving Food Stamps!
16-64 HHSA	Voter Registration Interest/Declination Form
PUB 13	Your Rights Under California Welfare Program
GEN 1365 (Multilingual)	Notice of language Services
DFA 377.5	Food Stamp Household Change Report
22-07 HHSA	Employment Screening
20-44 HHSA	Civil Rights Information
TEMP 2173	New Cash Aid & Food Stamps Rules Finger Print
PUB 388	EBT Brochure

For Medi-Cal applicants

FORM NO.	FORM TITLE
14-75 HHSA	Mental Health Managed Care Notice
16-64 HHSA	Voter Registration Form

16-69 HHSA	Public Charge flyer
20-44 HHSA	Civil Rights Information
20-46 HHSA	Language Needs Determination
HHSA:HSD 7	Health Care Options
Pub 68	Medi-Cal What It Means to You
Pub 13	Your Rights
MC 007	Medi-Cal Information Notice
MC 13	Statement of Citizenship and Alienage
MC 210 A	Supplement to Statement of Facts for Retroactive Coverage/Restoration (*for Retroactive requests*)
MC 219	Important Information for Persons Requesting Medi-Cal
MC 372	Breast and Cervical Cancer Treatment Program (BCCTP) Flyer
	Food Stamp Flyer for Medi-Cal Applicants
Form 142-732	San Diego Gas & Electric CARE Program Form

Include the following forms for individual requiring a disability determination:

| MC 220 | Authorization for Release of Information |
| MC 223 | Applicant's Supplemental Statement of Facts for Medi-Cal |

Also include the following forms when children apply:

| DHS PHE-P265-CHDP | Brochure when children are applying for Medi-Cal |

CA2.1, CA 2.1Q, PUB 160	Child Support forms when there is an absent/unmarried parent
HHSA:IZ71	Baby Shots Schedule
14-59 HHSA	Motor Vehicle Property Sheet for potential Section 1931(b) cases
MC 003	Early and Periodic Screening Diagnosis and Treatment (EPSDT) Brochure

Include the following forms for individual in Long-Term-Care:

| DHS 7077 | Notice Regarding Standards for Medi-Cal Eligibility when an application is in Long Term Care |
| DHS 7077 A | Notice Regarding Transfer of a Home for Both a Married and Unmarried Applicant/ Beneficiary when an ABD individual is not in Long Term Care |